

THE COVID-19 PANDEMIC'S EFFECT ON CAMPUS HEALTH AND WELL-BEING SERVICES

A Snapshot of Operating Status and Response

REPORT #4

October 9–30, 2020



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This report has been collaboratively created by the following members
of the ACHA COVID-19 Task Force:

ACHA COVID-19 Task Force Survey Sub-Committee

Survey Sub-Committee Chairs

Anita Barkin, DrPH, MSN, NP-C, FACHA
Geraldine Taylor, MS, APRN-BC, FACHA

Survey Sub-Committee Members

David Anderson, PhD
Robyn Buchsbaum, MHS
Jean Chin, MD, MBA, FACP, FACHA
Mary T. Hoban, PhD, MCHES
Giang T. Nguyen, MD, MPH, MSCE, FAAFP

For additional COVID-19 information and resources for campuses,
visit ACHA's COVID-19 Resource page:

www.acha.org/COVID-19

Purpose

The American College Health Association's (ACHA's) COVID-19 Task Force's fourth COVID-19 survey, conducted October 9-30, 2020, focused on campus mitigation efforts including testing strategies, quarantine/isolation monitoring, contact tracing, and pauses in campus activity to reduce SARS-CoV-2 transmission. Results from the previous three surveys are available on the ACHA website: [Survey #1](#) (April 6–9, 2020), [Survey #2](#) (June 2–5, 2020), and [Survey #3](#) (August 4–7, 2020).

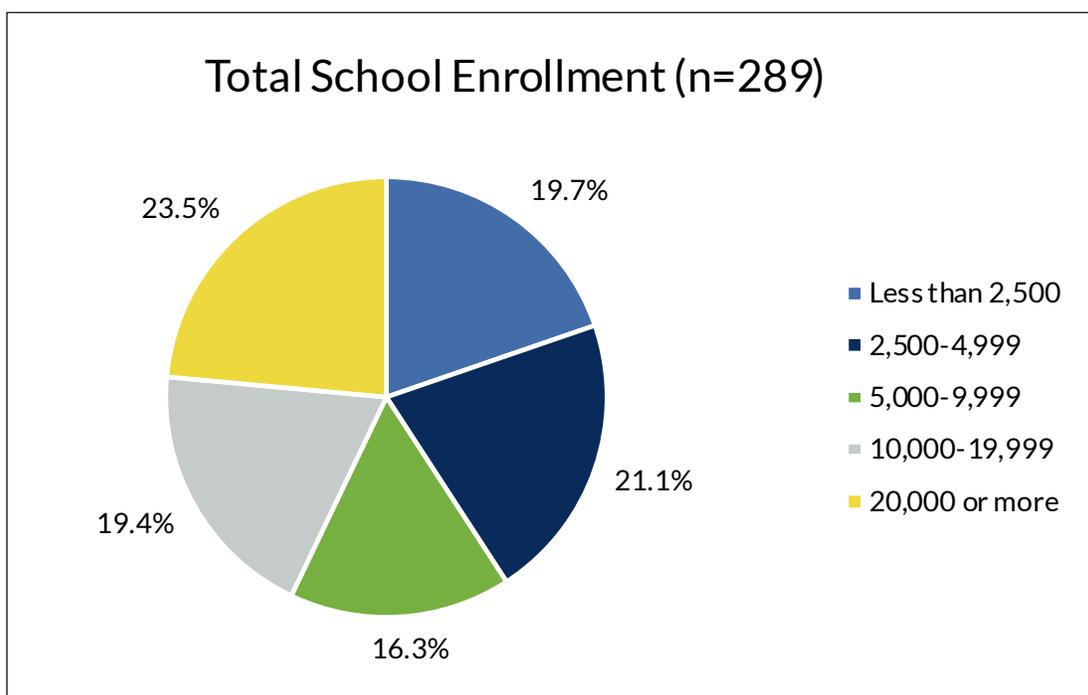
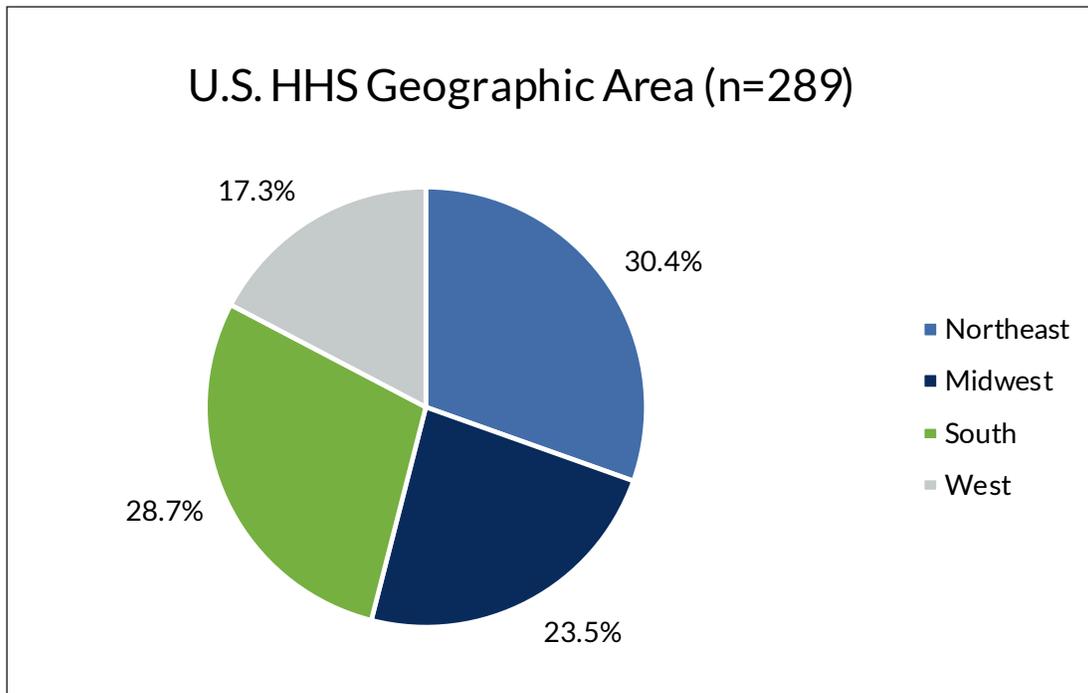
Methods

Responses were solicited from one ACHA member at each of 982 institutions of higher education. These individuals were asked to complete the online survey developed by the ACHA COVID-19 Task Force. These institutions were comprised of all ACHA Institutional Members, as well as Individual ACHA Members at colleges and universities which did not hold ACHA institutional memberships. Respondents were asked to answer questions based on their current management of the pandemic and encouraged to complete an optional section of monthly COVID-19 metrics. A separate metrics table included numbers of students and non-students infected with SARS-CoV-2, the capacity and use of isolation and quarantine beds, and the student hospitalizations and deaths during this review period. Responses were collected between October 9 and October 30, 2020, using the Qualtrics platform. A total of 236 complete surveys were submitted and an additional 53 surveys, which were at least 50% complete, were accepted, for a total of 289 usable surveys. The 289 surveys represented a response rate of 29.4%.

The Sample

The sample of 289 institutions was predominantly comprised of four-year institutions, with nearly half located in urban settings. All schools were based in the U.S. The breakdown of public/private schools was almost equally distributed as was that of total student enrollment with a range from small- to large-sized colleges. The regions of the U.S. were all represented, with slightly heavier representation from the Northeast and South. Surveys also fairly evenly represented small-, medium-, and large-sized institutions. Of the participating schools in the U.S., 11 (3.9%) were HBCUs and 82 schools (28.4%) were religiously affiliated. More than half (54.0%) of the schools were located in urban areas, 25.6% were in suburban areas, 17.6% were in towns, and 2.8% were in rural settings. Twenty-five percent of the schools in this sample (n=73) participated in all four of the ACHA COVID-19 Task Force Surveys (April, June, August, and October). Another 32 schools (11.1%) skipped the April survey but did participate in the next three ACHA COVID-19 Task Force Surveys.

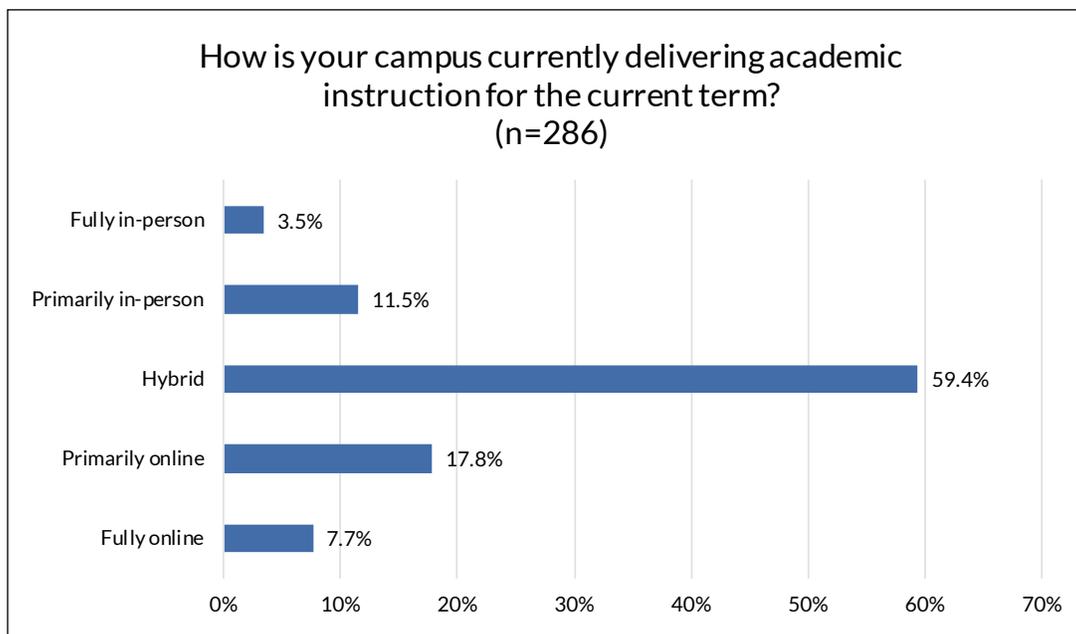
The Sample—continued



SURVEY RESULTS

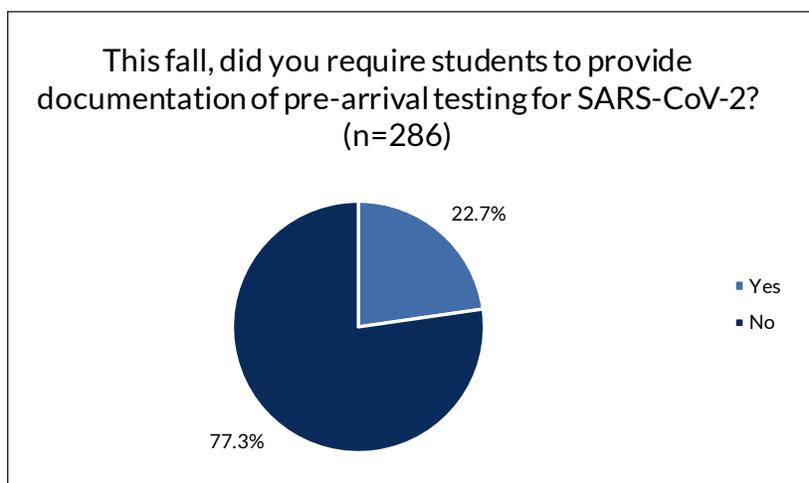
How is your campus currently delivering academic instruction?

October survey responses indicated that the majority of schools (88.7%) were currently offering academic instruction using a hybrid model for the fall term. This includes 59.4% that reported a hybrid mode of instruction, 17.8% that reported delivering instruction primarily online, and 11.5% that reported delivering instruction primarily in-person. A small percentage (3.5%) of respondents reported they were currently offering fully in-person instruction and another 7.7% offered fully online instruction.



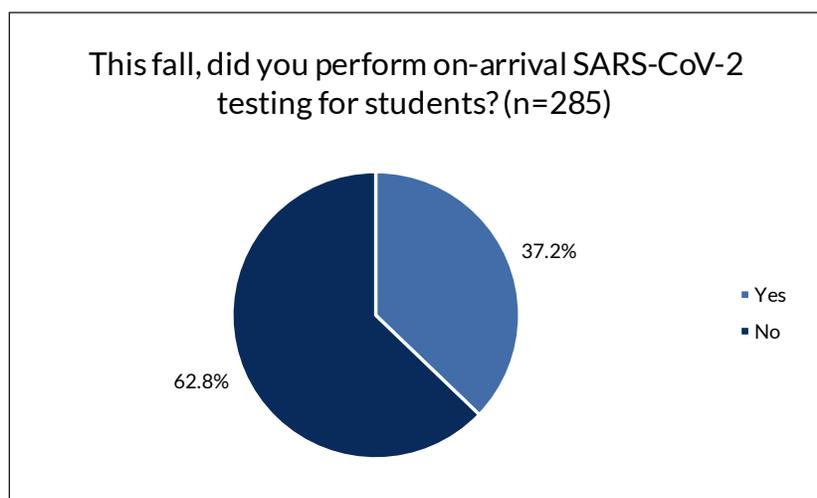
Did campuses require evidence of testing prior to campus arrival?

Campuses created their own unique testing protocols for students as they returned to campus. The survey showed almost 23% (n=65) reported that they required students to provide documentation of negative SARS-CoV-2 tests **before arrival**. This aligns with results from the August survey that showed 20.1% (n=51) of respondents planned to require negative testing as a prerequisite for students' return to campus.



Are schools testing students for SARS-CoV-2 upon return to campus?

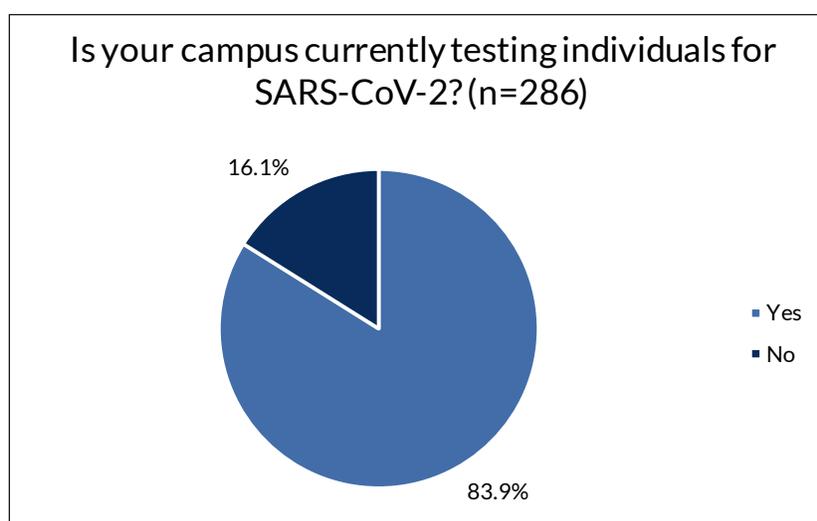
About 37% of respondents (n=106) reported performing **on-arrival** SARS-CoV-2 testing. This increased slightly from the 35% (n=90) of respondents who reported in the August survey of their plans to test upon return, with another 11% (n=28) of respondents unsure about their plans. This survey indicates that the majority of respondents (62.8%, n=179) did not use on-arrival testing as a mitigation strategy for the fall semester.

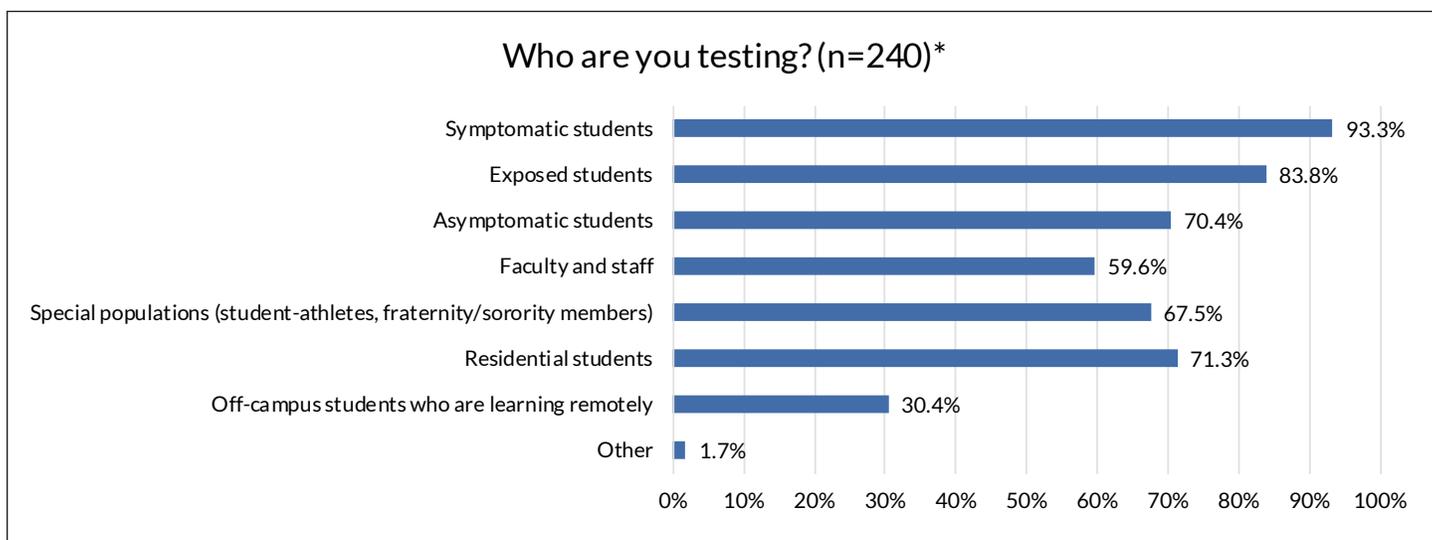


Are campuses currently testing individuals for SARS-CoV-2 and if so, who are they testing?

Overwhelmingly, respondents reported conducting individual testing for SARS-CoV-2 (83.9%, n=240). Of those conducting tests, 93.3% (n=224) of respondents are testing **symptomatic** students, 83.8% (n=201) are testing exposed students, and about 70% (n=169) of respondents reported testing at least some **asymptomatic** students.

A majority of schools (59.6%, n=143) are testing faculty and staff and some (30.4%, n=73) are testing off-campus students who are learning remotely. Seventy-one percent of respondents (n=171) reported testing residential students, and nearly 68% (n=165) reported testing special populations, such as student-athletes, fraternity and sorority members, or other unique groups.





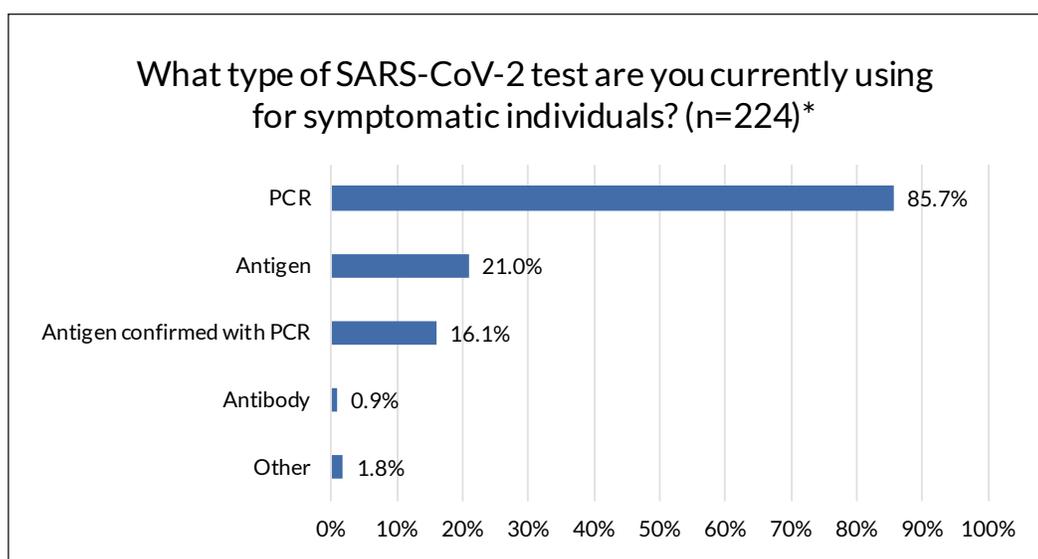
*Respondents could select more than one option

What is the source of your individual SARS-CoV-2 test?

The ACHA COVID-19 Task Force wanted to better understand the methods being used to test for SARS-CoV-2 with college students. With respondents allowed to identify all test sources, the overwhelming majority of respondents (74.6%, n=179) report using nasal specimens, another 48.3% (n=116) reported using nasopharyngeal methods, and 18.3% cited use of saliva samples (n=44).

What type of SARS-CoV-2 tests are campuses using for symptomatic individuals?

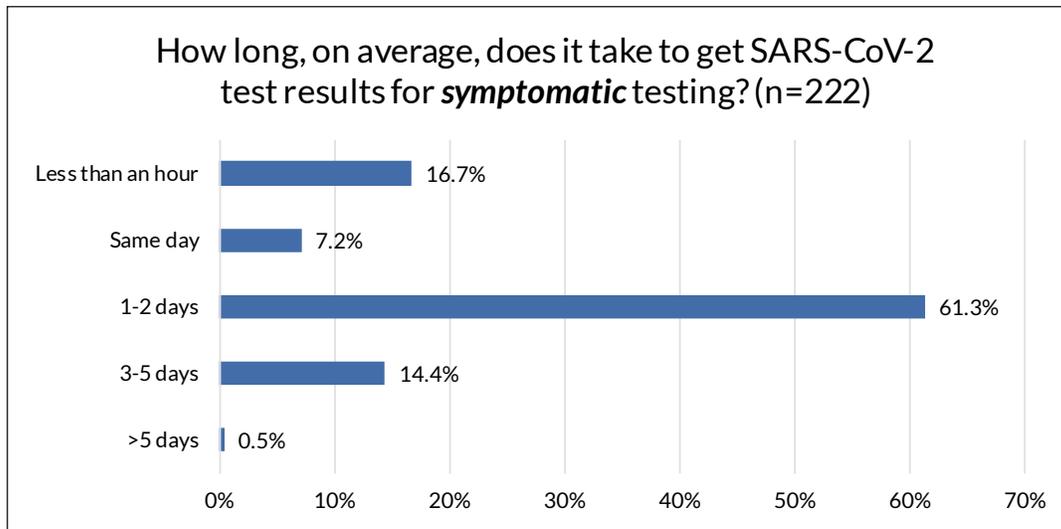
With respondents again citing all tests used, the overwhelming majority of campuses report testing for symptomatic individuals using polymerase chain reaction (PCR) tests (85.7%, n=192), antigen tests (21.0%, n=47), and antigen tests confirmed with PCR tests (16.1%, n=36). Campuses report using a variety of methods to test their students.



*Respondents could select more than one option

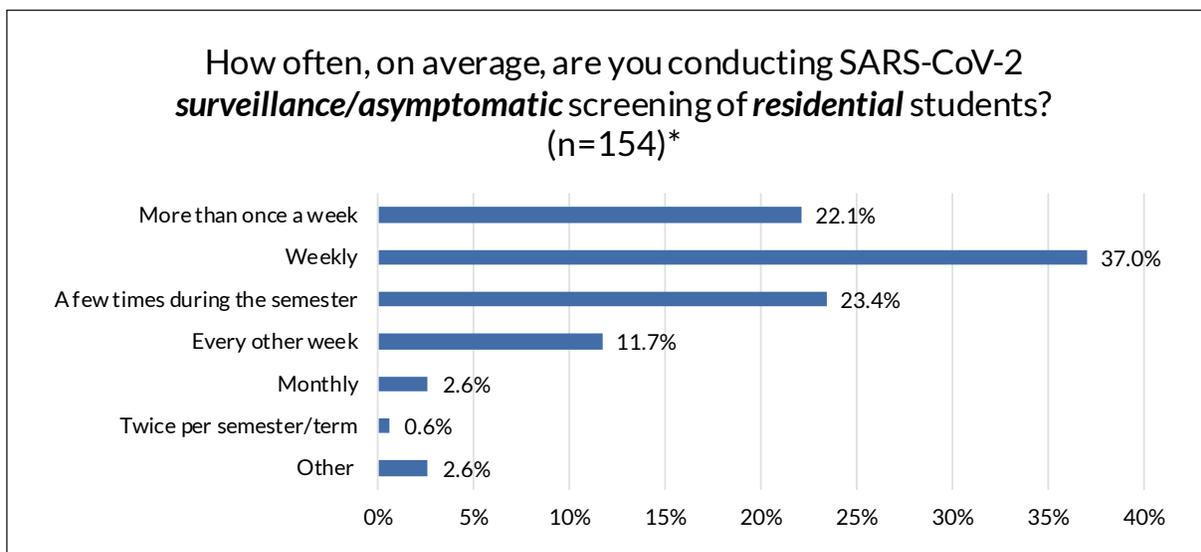
What is the average time for receiving test results for symptomatic individuals?

While 14.4% (n=32) of respondents report waiting 3–5 days for test results, most are receiving results back in 1–2 days, with another 23.9% receiving results either same day or within one hour.



Of the campuses conducting SARS-CoV-2 testing, how often, on average, are campuses conducting surveillance/asymptomatic screening of residential students?

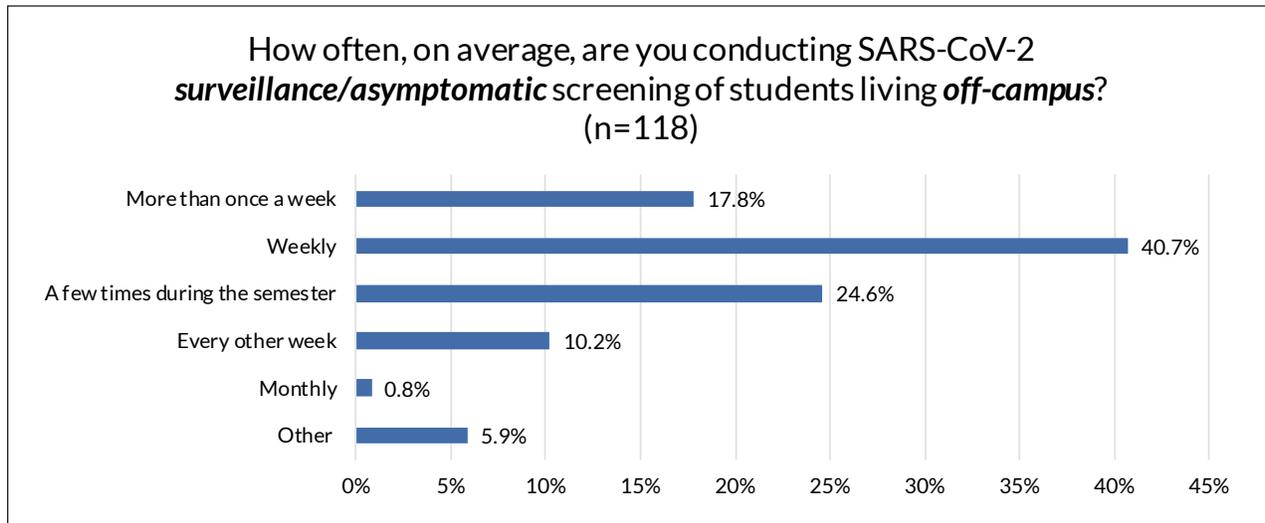
Of the 237 campuses that reported having residential students, 65% (n=154) reported conducting surveillance/asymptomatic screening of their residential students, while 35% (n=83) reported they were not conducting surveillance/asymptomatic screening of their residential students. Over one-half (59.1%, n=91) of those doing surveillance testing with residential students are testing at least weekly. This includes 37% (n=57) testing weekly and 22.1% (n=34) testing more than once per week.



*This chart represents only the respondents who reported conducting surveillance/asymptomatic testing of residential students.

Of the campuses conducting SARS-CoV-2 testing, how often, on average, are campuses conducting surveillance/asymptomatic screening of students not living on campus?

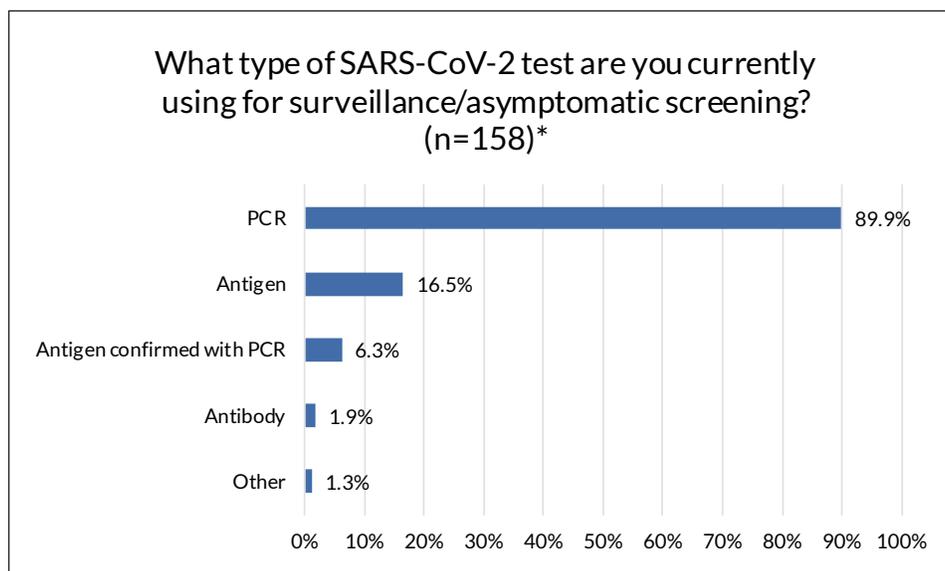
Of the 239 campuses that reported that they are conducting SARS-CoV-2 testing, about half of campuses (49.4%, n=118) reported conducting surveillance/asymptomatic testing of non-residential students (students living off campus), while 50.6% (n=121) reported they were not conducting surveillance/asymptomatic screening of their non-residential students. Of those conducting surveillance/asymptomatic screening of students living off-campus, 58.5% (n=69) reported testing at least weekly.



*This chart represents only the respondents who reported conducting surveillance/asymptomatic testing of students living off campus.

What type of test are campuses using for surveillance/asymptomatic screening purposes?

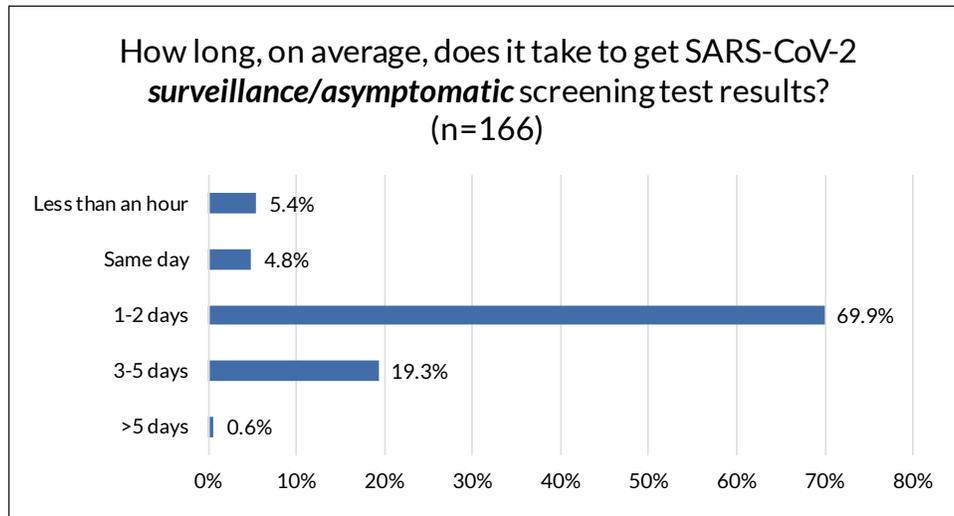
Most campuses (89.9%) reported using PCR tests for asymptomatic screening, while 6.3% used antigen tests confirmed by a PCR test. Approximately one in six (16.5%) of respondents reported use of antigen tests.



*Respondents could select more than one option

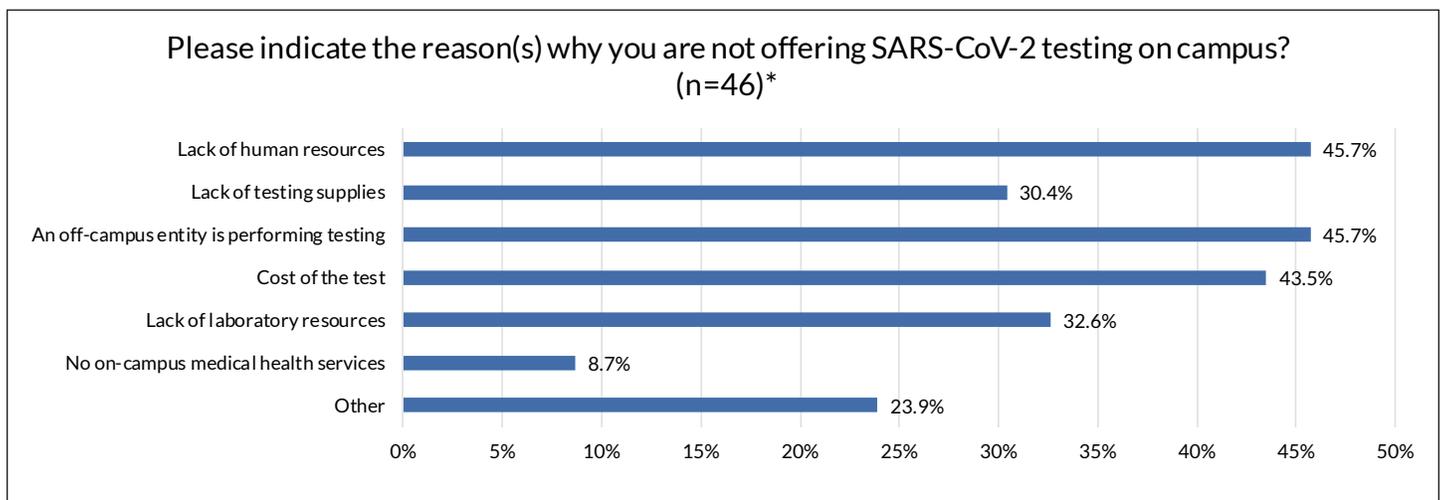
What is the average length of time to get asymptomatic test results back?

For asymptomatic screening, 10.2% respondents were getting results back between less than an hour and one day, while over two-thirds (69.9%) of respondents reported getting results in 1-2 days.



Why are campuses not conducting SARS-CoV-2 testing on campus?

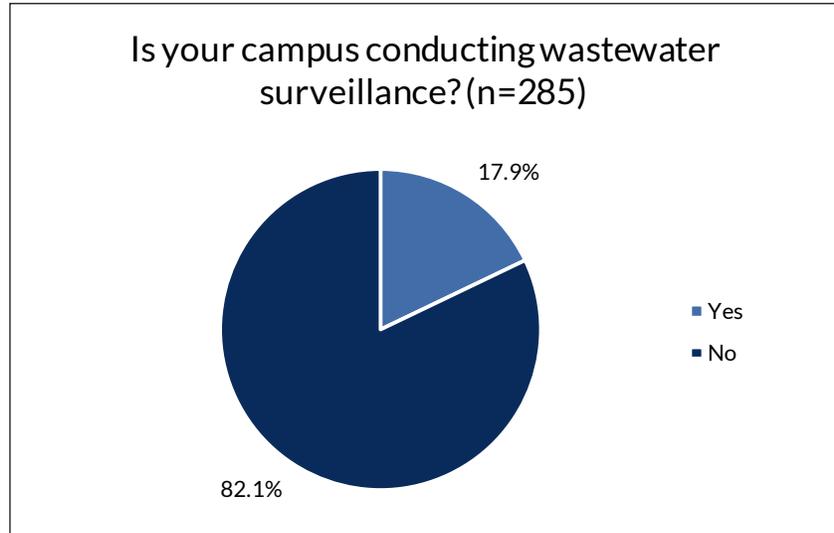
Those who responded that they were not conducting SARS-CoV-2 testing (n=46) on campus were asked why they were not testing and could identify multiple reasons. The top three reasons stated include a lack of human resources, an outsourcing of testing to an off-campus entity, and the cost of testing. Notably, most of the respondents who checked “other” were from colleges with either primarily commuter students or with a limited number of students living on campus.



*Respondents were allowed to check more than one category

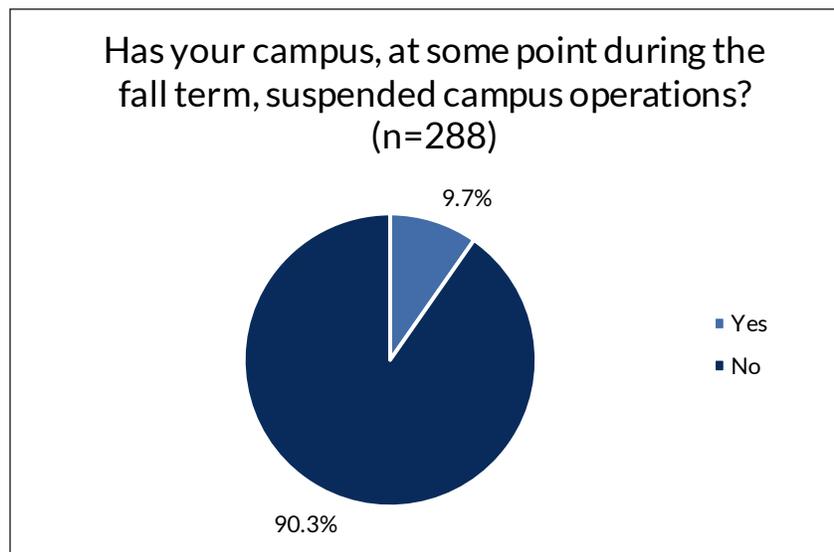
Are campuses conducting wastewater surveillance as a part of their mitigation strategy?

Wastewater surveillance testing is one of the newer tools being used for surveillance purposes, but it is neither easy to implement nor inexpensive. Nonetheless, 17.9% (n=51) of respondents are using wastewater surveillance as part of their COVID-19 mitigation strategy.



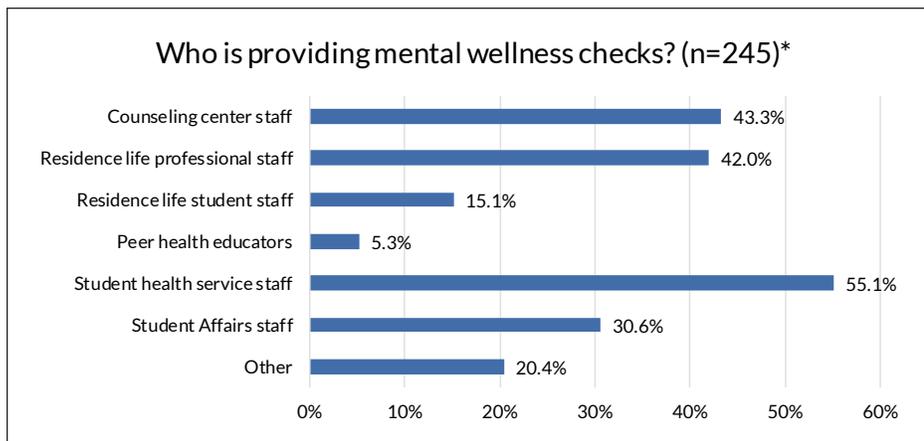
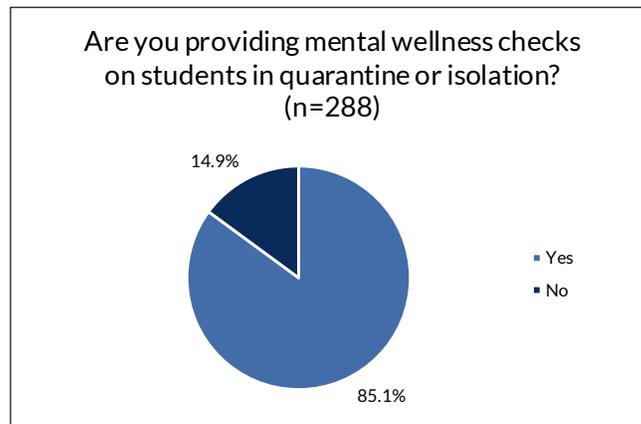
Are campuses suspending operations to decrease SARS-CoV-2 prevalence?

Only a small percentage of respondents (9.7%, n=28) reported suspending campus operations as a mitigation tool (e.g., shift to online classes, quarantine, lock down, or shelter in place). Three campuses suspended operations twice, but the remainder reported only one pause in operations. Of those that suspended campus operations, about 54% (n=15) reported following the CDC recommendation to shut down for at least 14 days. Another seven campuses (25%) decided to suspend operations for the remainder of the semester/term. Three out of the 28 schools that suspended operations did so a second time during the semester/term. Two of the schools suspended operations for less than 14 days in both shutdowns. One school suspended operations for the remainder of the term after first implementing a 14-day shut down.

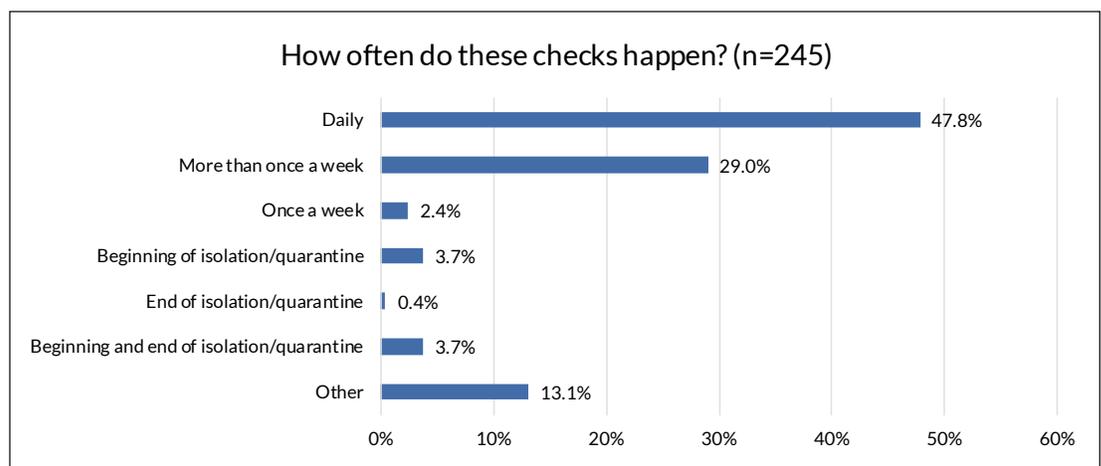


Are campuses providing mental wellness checks on students in isolation/quarantine?

The vast majority of respondents (85.1%, n=245) indicated that they are providing mental wellness checks on students in isolation/quarantine. Wellness checks are being conducted more often than once a week in the majority (76.7%) of cases, with approximately 47.8% (n=117) reporting that they are conducting wellness checks daily. Professional staff representing student health (55.1%), counseling (43.3%), residential life (42%), and student affairs (30.6%) are responsible for providing this service. Student staff in residence life (15.1%) and peer health education (5.3%) have augmented service efforts to a lesser degree.

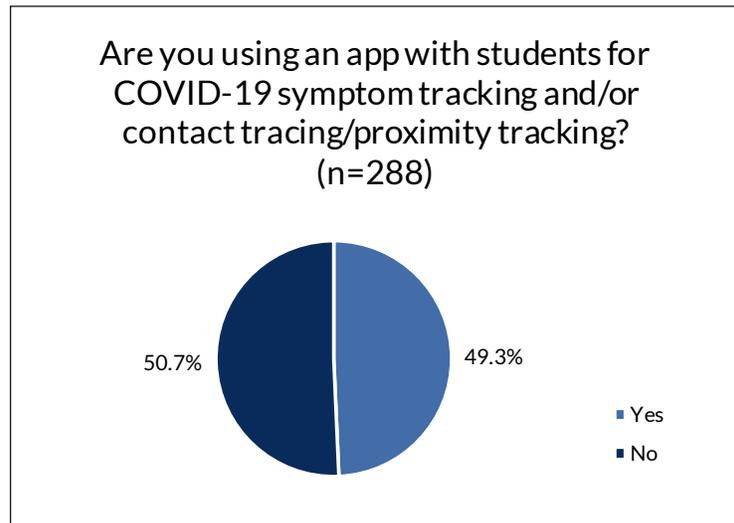


*Respondents could select more than one option



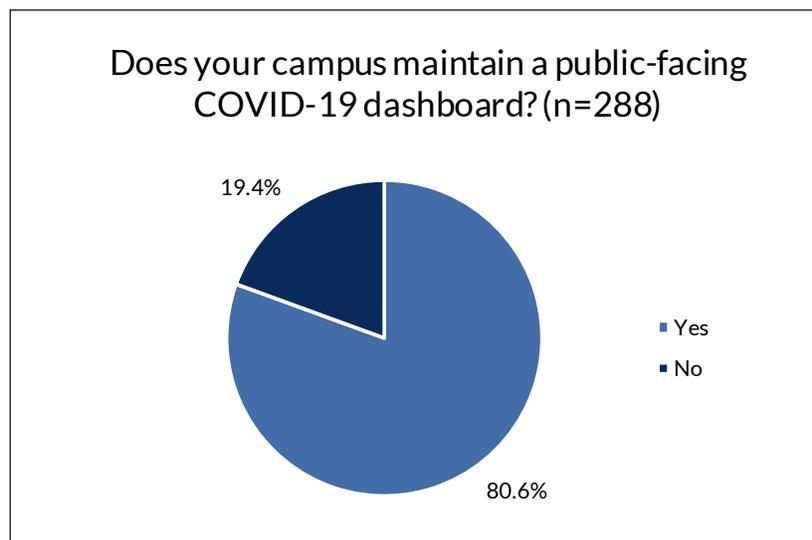
Are campuses utilizing apps for COVID-19 symptom tracking and/or contact tracing/proximity tracking?

Campuses are continuing to take advantage of new technological applications during the pandemic. Close to half of the survey respondents (49.1%, n=142) indicated using an app to track symptoms and/or for contact tracing/proximity tracking.



Are campuses maintaining public-facing COVID-19 dashboards?

The utilization of public-facing dashboards has become an important means for informing stakeholders about the status of COVID-19 prevalence on campus. Over 80% (n=232) of respondents indicated that they are maintaining a public-facing dashboard. Collectively, the data from public-facing dashboards serves to provide a broader picture of the prevalence of disease among college students across the country.



Limitations

The sample came from ACHA Institutional Members and ACHA Individual Members at non-member institutions and does not represent all institutions of higher education in the United States. Institutions from the Western U.S. as well as two-year institutions were slightly underrepresented in the sample of respondents. The response rate of 29% was likely due to timing of the survey, which occurred during an especially busy period when respondents were fully engaged in mitigation efforts, clinical care, and managing active cases of disease. Furthermore, the metrics table may have been too cumbersome for respondents to complete during an especially busy time on campus, resulting in a low completion rate. While we are providing the metrics data as an addendum, data reported in this section are not great enough for any conclusions to be drawn. Results presented in this report represent the best information available between October 9–30, 2020, and may not represent changes schools made after the close of the survey.

Conclusions

In the absence of a national strategy or clear guidance, schools implemented a variety of mitigation strategies based on individual institutional needs and resource availability. This was most evident in the range of testing strategies deployed.

Approximately 84% provided on-campus SARS-CoV-2 testing in some capacity, with less than 40% of respondents requiring a negative pre-arrival test result or participation in on-arrival testing. Testing resources were focused on symptomatic students, exposed students, and asymptomatic students as well as faculty and staff and special populations including student-athletes, fraternity/sorority members, and residential students. Off-campus students were tested at a lower rate than on-campus students and may reflect the use of testing at off-campus sites by this population. There was no relationship found between various testing strategies and the demographics of the responding institutions in terms of size or geographic location. Generally, the rapid turnaround times (less than 2 days) for both symptomatic and surveillance screening tests identified in the survey are reassuring and facilitates appropriate follow up. Those respondents who did not do on-campus testing cited as reasons - lack of human resources, costs of tests and the availability of off-campus resources for testing.

While SARS-CoV-2 testing was adopted by most respondents as a mitigation strategy, less than 20% of respondents indicated using wastewater surveillance or suspension of operations/lockdowns as part of their plan. The number of schools (17.9%, n=51) using wastewater surveillance was higher than expected, considering the resources and cost required for this type of testing. For those using suspensions or breaks in activity to address increases in cases (9.7%, n=28), most followed CDC guidelines and suspended activities for 14 days.

The institutional efforts to provide support services to students is evident with 85% of respondents providing mental wellness checks for students in quarantine and isolation. Most are conducting daily check-ins performed by student health services staff with counseling center, student affairs, and residence life staff also sharing in this function.

Schools are taking advantage of technology platforms to communicate with students and the public. The use of apps for tracking symptoms, contact tracing, and proximity tracking are being used by almost half of the respondents in an effort to reach students on a convenient, acceptable platform. Just as student health professionals have established systems for communicating and supporting students, the importance of communicating fact-based information to their larger public audience is evidenced by the establishment of public-facing dashboards.

The focus of this survey was to collect information regarding the types of mitigation strategies adopted by campuses during the fall term. The survey did not attempt to collect data that addressed the relative success of those strategies with regard to successful completion of the fall term, prevalence of on-campus disease or the management of outbreaks. The ACHA COVID-19 Task Force hopes to collect information and impressions related to strategic management and best practices in future surveys.

Addendum – Monthly COVID-19 Metrics

Metrics data were requested during all four survey periods. However, due to a low completion rate, any data reported here are of limited use. Data were collected about the number of students and non-students being tested for SARS-CoV-2, number of positive tests and allocation and occupancy of isolation and quarantine beds, as well as known hospitalizations and deaths. The tables below represent the data collected for June–September 2020.

SARS-CoV2 Testing Metrics	June 2020		July 2020		August		September	
	N (tests)	N (schools)	N (tests)	N (schools)	N (tests)	N (schools)	N (tests)	N (schools)
Number of on campus SARS-CoV-2 tests performed on students	6,978	35	18,670	47	141,403	69	418,103	84
How many students tested positive?	616	23	832	44	2,311	57	4,125	78
How many students tested positive for SARS-CoV-2 off campus, if known?	369	38	544	61	1,580	58	1,912	69
Total students positive for SARS-CoV-2 (calculated)	985		1,376		3,891		6,037	
Number of on campus SARS-CoV-2 tests performed on non-students (faculty/staff)	3,409	11	8,648	24	18,362	35	76,884	42
How many non-students tested positive?	40	14	77	19	48	14	93	25
How many non-students tested positive for SARS-CoV-2 off campus, if known?	167	28	235	40	114	29	131	38
Total non-students positive for SARS-CoV-2 (calculated)	207		312		162		224	

Isolation and Quarantine Metrics	June 2020		July 2020		August		September	
	N	N	N	N	N	N	N	N
	(beds)	(schools)	(beds)	(schools)	(students)	(schools)	(students)	(schools)
How many beds were designated for isolation?	3,501	80	4,365	94				
How many of the isolation beds were utilized?	178	19	227	33				
Isolation bed occupancy	5.1%		5.2%					
Max isolation occupancy (total)					654	59	1,184	83
How many beds were designated for quarantine?	3,247	62	3,896	73				
How many of the quarantine beds were utilized?	205	18	448	31				
Quarantine bed occupancy	6.3%		11.5%					
Max quarantine occupancy (total)					4,641	62	8,643	84

Known Hospitalization and Mortality Metrics	June 2020		July 2020		August		September	
	N	N	N	N	N	N	N	N
	(people)	(schools)	(people)	(schools)	(people)	(schools)	(people)	(schools)
Number of students hospitalized for COVID-19	5	4	7	5	8	7	9	7
Number of non-students hospitalized for COVID-19	9	6	5	4				
Number of COVID-19 related student deaths	0	0	0	0	1	1	2	2
Number of COVID-19 related non-student deaths	2	2	5	4				



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